

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28029
State File No. 4
Registrar's No. 4

FILED SEP 12, 1941
Registration District No. 41-78

Primary Registration District No. 41-78

1. PLACE OF DEATH:

(a) County. Clay
(b) City or town. Birmingham
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
- - - - -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. -
In this community. 30 Years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mr. Henry J. Cox

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. Mrs. Nancy Cox 6. (c) Age of husband or wife if alive. - years
7. Birth date of deceased. December 22, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 19 hr. min.

9. Birthplace. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business. -

12. Name. John Cox

13. Birthplace. Unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Charlotte Price

15. Birthplace. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Tabitha Broanfield

(b) Address. Birmingham, Missouri

17. (a) Burial (b) Date thereof. Aug. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Liberty, Missouri

18. (a) Signature of funeral director. J. H. Newcomer's Sons

(b) Address. Kansas City, Missouri

19. (a) 8-12-41 (b) John S. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Clay
(c) City or town. Birmingham
(If outside city or town limits, write "RURAL")
(d) Street No. - - - (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1941 hour 2 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1937 to Aug 9, 1941
that I last saw him alive on Aug 7, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Prostatic hypertrophy

Due to Prostatic hypertrophy

Due to Prostatic hypertrophy

Other conditions. (Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) -

(b) Date of occurrence -

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Means of injury)

23. Signature. [Signature] (M. D. or other)

Address. [Signature] Date signed Aug 11, 1941

2-10-11 Commercial City
N. K. C. - Above Home Street
9-11:30; 2-5:30

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-9-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed George M. Collier
Licensed Embalmer No. 3839
P. O. Address N. K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.